

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102629

1. Entity Name

RON PINE & ASSOCIATES INC.

Principal Place of Business

Mailing Address

7758 NOREMAC AVENUE  
MIAMI BEACH FL 33141

7758 NOREMAC AVENUE  
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

1860 WEST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI BEACH, FL

City & State

4. FEI Number

65-0966364

Applied For

Not Applicable

Zip  
33139

Country  
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINE, RONALD  
7758 NOREMAC AVENUE  
MIAMI BEACH FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
RONALD PINE  
7758 NOREMAC AVENUE  
MIAMI BEACH, FL 33141

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RONALD PINE

4/27/00

305 575 1525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5.

FILED  
Jun 29, 2000 8:00 am  
Secretary of State

05-17-2000 90960 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)